No. 7.

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Pneumonia

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Pneumonia, according to Cullen, may be defined, an inflammation affecting either the viscera of the thorax, or the membrane lining the cavity.

By some Nosologists, the morbid condition of the pulmonary organs is defined according to the part affected. The Pleura being inflamed, it is called Pleuritis or Pleurisy, When the parenchymata of the lungs are affected, it is termed Pneumonia Vera or Peripneumony, an engorged or suffocated state of the lungs is denominated Peripneumonia Notha or Bastard Peripneumony, a Rheumatic affection of the intercostal and contiguous muscles may be named Pleurodine or Bastard Pleurisy: But as it is my intention to treat only of the two former, it is useless to expatiate any longer on the great variety of cases, made out by nosologists.

As the symptoms and treatment of Pneumonia

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monia vera and Pleuritis are much the same, and as I am not disposed to digress from the most accurate observers, I shall treat of them both under the common head of Pneumonia.

Pneumonia may be distinguished by the following symptoms, Pyrexia, dolor in quadam thoracis parte, dyspnoea et tussis.

The generality of writers seem inclined to think the pain most frequent in the right side, but Dr Chapman is of opinion, that it is most frequently situated in the left.

The disease generally comes on with a cold stage and is attended by other symptoms of Pyrexia. Sometimes the Pyrexia is from the beginning accompanied with other symptoms, but frequently it is formed before the other symptoms become considerable, and especially before the pain be felt. For the most part the pulse is

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frequent, full, strong, hard, quick, and vibrating to the touch. But in a more advanced stage, it is sometimes weak and soft.

Cullen says; the difficulty of breathing is most considerable in inspiration, both because the lungs do not admit easily of dilatation, and because the dilatation aggravates the pain. The pain is generally greater, when the patient lies on the side affected.

The cough attending this disease is generally at first dry, but in a more advanced stage expectoration takes place and the matter spit up is various, both in consistance and colour, but frequently is streaked with blood.

The pain is not always confined to the side; the sternum, the back between the shoulders &c. are sometimes affected. When

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situated in the side it is always confined to one spot. The place most frequently affected is about the 6 or 7 rib near the middle of its length. The pain is often severe and pungent, but sometimes is more dull and obtuse, accompanied with a sense of weight. It is generally fixed, but sometimes it shoots from one part of the thorax to the other.

As regards the remote cause of the disease it may be ascribed to cold, applied to the body in any shape, so as to obstruct perspiration and determine to the lungs. There are other causes which may have a share in the production of the disease; such as any thing which shall obstruct, strain, or otherwise injure the Pneumonic organs. These causes are said to act more forcibly, when an inflammatory diathesis prevails in the system, and select as its subjects persons of a

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Pneumonia is said to occur most frequently in cold climates, and more particularly in the winter and springs seasons. As the disease is brought on by the vicissitudes of heat and cold, it may happen at any season in which these occur. It may occur at any period of life, but rarely before the age of puberty.

The Pneumonic inflammation frequently occurs as an epidemic, and from that cause has been ascribed by some authors* to a specific contagion, but I believe it to consist in a peculiar state of the atmosphere, and that it is brought into action by cold applied &c. which I have before considered as the remote causes.

Pneumonia like other inflammatory diseases, may terminate in resolution, suppuration or gangreene; but it also terminates by an end peculiar to itself viz. an effu=

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sion of blood into the cellular texture of the lungs, which interrupting the circulation proves speedily fatal." This (says Cullen) seems to be the most common termination of the disease when it is fatal; for upon dissecting persons dead of Pneumonic inflammation, it has appeared, that such an effusion had taken place".

From these dissections we also learn that there is an exudation which appears to consist partly of a soft viscid crust, often of a compact membranous form covering everywhere the pleura. This exudation appears also sometimes to be of a serous nature.

Dropsical effusions in the form of hydrothorax and hydrops pericardii are another termination of the disease.

Another mode in which it terminates, is by the adhesive inflammation.

When the Pneumonic inflammation terminates by resolution, it is generally attended

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The evacuation most commonly attending it, is the expectoration of a thick, white, or yellowish matter a little streaked with blood, copious and brought up without straining.

Other evacuations are said to terminate the disease, such as epistaxis, bleeding from the haemorrhois, copious evacuations of a bilious matter by stool, and the voiding of urine, from which is deposited a copious sediment. A copious, warm, and fluid sweat is not an unfrequent termination of the disease.

Our prognostics are to be formed from observing the state of the principal symptoms.

Should the patient labour under violent pyrexia, attended with difficult and painful respiration, when he can lie but on one side, when he can lie no other way than on his back, when he can breath with tolerable ease in no other position than the

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erect posture; when he is tormented with a violent cough attended with great pain; should the vessels of the neck become turged, the face flushed, or the pulse irregular &c These symptoms taken progressively mark the danger of the complaint.

As Pneumonia is most frequently resolved by expectoration, a hard, dry cough, attended with pain, indicates a violent disease

A delirium coming on during pneumonic inflammation is always attended with danger

If the disease prove fatal it is generally on one of the days of the first week

Should the disease be violent, and capable of resolution, it will generally happen during the first week; but in a more moderate state of the disease, it is frequently protracted till the second. As I have before mentioned, pneumonic inflammation sometimes ends in suppuration and gangrene.

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The termination of Pneumonia in gangrene is a very rare occurrence; but if it should, it may be distinguished by the following symptoms viz a relief from pain, the expectoration of purulent matter, streaked with dark coloured blood, foetid breath, rattling in the throat, a dejected countenance, dim eyes, a feeble, quick, and frequent pulse &c.

The treatment of this disease will be obvious on recurring to the symptoms. The remedy chiefly to be depended on is venaesection, which should be used according to the urgency of the symptoms. Should we be called to a patient labouring under this complaint, we should bleed him until a relief of pain and freedom of respiration be produced. If this cannot be done he should be bled till there is a disposition to syncope. In order, however, to do this with the greatest advantage, the orifice should be large enough to allow a bold and vigorous stream to flow; for nothing is better ascer=

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tained, in the practice of medicine, than the reduction of inflammation is more owing to the suddenness of the detraction, than to the quantity of blood drawn.

The disease seldom yields to one bleeding, however large the quantity taken away; for altho' the symptoms may be for the time relieved, they generally returns with equally as much violence, and sometimes more. Should this be the case, we are again to recur to the lancet and so continue as long as the pain, cough, dyspnoea, and hardness of the pulse remain.

It is said by some practitioners, that it is not prudent to use the lancet after the 4th day, but it was the maxim of Dr Rush, to abstract blood as long as the least vestage of inflammatory symptoms remained.

To prevent syncope let the patient be placed in a horizontal position

To a first bleeding in general, should the

symptoms be urgent, we should prescribe topical bleeding by means of of leeches and the cupping-glass and scarificator applied over the seat of pain.

Dr Chapman is of opinion, that in the advanced stage of the disease, the capillary vessels become affected, and that however great the quantity of blood drawn by venaesection, it will be of but little or no service, and that it is here topical bleeding is essentially necessary. With the same reasons blisters may be enforced. Their application should be as near as possible to the part affected.

But notwithstanding all this we should not be too hasty in laying aside the lancet. The pneumonic inflammation for several reasons, and among which we may advance the importance of the lungs to the animal economy, as well as the circulation of the whole mass of blood through them require

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a greater degree of depletion, than that of any other viscera; it is also a fact that we may detract 20 30 or even 40 ozs of blood in some instances, without producing the slightest symptom of syncope." This, says, Dr Chapman, is so strikingly the case, that when called in at the commencement of the disease, I have sometimes drawn as much as 4 or 5 ℔ of blood, without producing the slightest tendency to syncope. After we are satisfied" continues he" that the circulation is sufficiently reduced, we should resort to local remedies" at the head of which he places the vesicatory applications. There has been considerable controversy at what period they should be applied; some considering that they should be applied at the onset of the disease, before venaesection has been carried to any extent, whilst others think them injurious if applied before the inflammatory symptoms are considerably reduced by blood-letting

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Dr Chapman is inclined to adopt the latter opinion.

As I have before mentioned, leeches, applied as near as possible to the seat of pain, tend considerably to lessen the violence of the complaint, and indeed so great is their efficacy, that we should resort to them again, and again, at any subsequent period of the disease.

There are some cases of pneumonia, in which, after the abstraction of as much blood by venaesection as we can with safety detract, there still continues to be a considerable degree of activity of pulse, and in which the pain is still violent; in this case, the abstraction of 6 or 8 ℥ of blood, by means of the scarificator and cuppingglass acts often like a charm. Should the bowels need opening we should prescribe some gentle laxative, as neutral salts, oleaticine, or manna.

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As regards Diaphoretics, the are generally considered deleterious except in the forming stage of the disease. The one chiefly used is the asclepias decumbens. The usual mode of administering, is in the form of infusion, which may be drank in as large a quantity as the stomach will bear.

During the progress of the disease, Diaphoretics should rarely if ever be prescribed; and even then only such as are calculated to co-operate with bloodletting, in reducing the force of the circulation. Combinations of Ipecac. or antimony with nitre are usually preferred; and altho' they are not given with a view of exciting nausea, if they should produce it slightly, they will operate by removing the stricture of the breast, and in all probability promote expectoration.

Expectoration being the means by which nature attempts to rid herself of this dis-

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agreeable complaint, we should endeavour to promote it by giving such medicines as are supposed to act by increasing the secretions from the glands of the throat and bronchiae: and to do this more effectually, we should second the efforts of those medicines, by directing the inhalation of the steam arising from a warm infusion of some of the emollient herbs viz Marsh-mallows, chamomile flowers &c. with the addition of vinegar. These should be frequently inhaled throughout the day.

Few of the expectorants are however well adapted to this disease. The gums and even the squills, by their irritation, increase the febrile symptoms, and render the cough tighter. When the inflammatory symptoms are subdued, however, and the bronchiae remain clogged with mucus, they are often, particularly the squills, of great service in promoting

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expectoration, and relieving both the cough and oppression. Ammonia is also sometimes serviceable. It may be given alone; but the usual mode of administering it is in combination with other substances, as the squills Laudanum &c. The Lac ammoniaci may be given in the dose of from ℥ij to ℥ij with considerable advantage, in cases where the bronchiae are much clogged with mucus

As an expectorant a decoction of Seneka snake root may be usefully employed.

As regards the use of opium in pneumonia Physicians have differed considerably. But I cannot do better than extract the following passage from Cullen. "To me it appears that in the beginning of the disease, and before bleeding and blistering have produced some remission of pain and of the difficulty of breathing opiates have a very bad effect, by their increasing the difficulty of breathing, and in-

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flammatory symptoms. But in a more advanced state of the disease, when the difficulty of breathing has abated, and when the urgent symptom is a cough, proving the chief cause of the continuance of the pain and the want of sleep, opiates may be employed with great advantage and safety."

It is sometimes the case, that after the violence of the disease has abated, there still remains a tightness across the chest, a dry cough, difficult and scanty expectoration. In such cases, Dr Chapman is in the habit of giving a combination of opium, Ipecac and calomel, at stated periods, "and even (says he) should slight ptyalism be produced, it is no objection, but on the contrary exterminates more completely every vestage of the remaining disease."

Throughout the whole progress of the disease, the antiphlogistic regimen is to be strictly adhered to. —